



## **MECKLENBURG COUNTY**

### **Health Department**

June 23, 2015

### **Animal Bite / Exposure Management Update for Providers 2015**

Appropriate management of animal bites and prevention of rabies is a high priority community health concern. Prevention of human rabies depends on prompt reporting of animal bite/scratch/saliva exposures by patients, investigation and animal quarantine by animal control, risk assessment and post-exposure management recommendations by public health, and appropriate expedited treatment in emergency departments.

To assure the highest quality patient care and customer service, here is the step-by-step process that occurs when someone has an animal bite/scratch/saliva exposure in Mecklenburg County:

- When a person suffers an animal bite, scratch or saliva exposure, contact Charlotte-Mecklenburg Animal Care and Control to file a report (call 311 or fax the attached form to Charlotte-Mecklenburg Animal Care and Control FAX 704-336-5709).
- The animal control officer completes an investigation and bite report from information provided by the patient, family members, pet owners and police officers.
- The bite report is forwarded to the Health Department Epidemiology Specialist, who interviews each person/victim (and/or parents of children) to establish whether an injury or exposure has occurred, and determines species of animal, rabies vaccination status, and risk of rabies in the animal involved. The Health Department utilizes the most current guidance from the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the National Association of State Public Health Veterinarians. If necessary or appropriate, Health Department physicians, the NC State Public Health Veterinarian, and officials at CDC in Atlanta are consulted.
- If it is determined that a potential rabies exposure has occurred, the patient is referred to an emergency department with a post exposure treatment recommendation, which is the official recommendation from the Mecklenburg County Health Department, based on current science and the North Carolina General Statutes. Post exposure treatment for rabies is not provided at the Health Department or at medical provider offices in Mecklenburg County.
- If applicable, the Health Department assesses uninsured patients for Medicaid eligibility, and if not Medicaid eligible, the Epidemiology Specialist will explore alternatives for free replacement biologicals with the client.

If a patient presents to the emergency department without benefit of this process, we recommend that the Charlotte-Mecklenburg Animal Care and Control be promptly contacted to initiate the process of investigation, animal quarantine and risk assessment. Please direct questions about the process to Stephen R. Keener MD, MPH (980-314-9022), and technical questions regarding risk assessment and treatment recommendations to José Peña (704-336-6440 or 704-614-6512 cell). For public health emergencies after-hours (locally 704-432-0871 24/7 or State Public Health Veterinarian 919-733-3419 24/7).

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[www.meckhealth.org](http://www.meckhealth.org)

## Charlotte Mecklenburg Animal Care & Control Division Animal Bite/Scratch Referral

According to the North Carolina General Statute 130A-196, “A physician who attends a person bitten by an animal known to be a potential carrier of rabies shall report within 24 hours to the local health director the name, age, and sex of that person.”

The Charlotte Mecklenburg Police Department – Animal Care & Control Division has been appointed by the local health director to investigate all animal bites occurring in Mecklenburg County. An animal bite is defined as follows: “Bite wounds means any penetration of the skin by an animal’s teeth; scratches or abrasions which may have been in contact with the animal’s saliva or animal licks of mucosal surfaces or open wounds.” Your health care provider has contacted the CMPD Animal Care & Control Division to report this bite/scratch incident.

1. Are you a resident of Mecklenburg County                      Yes      No
2. What is your full name? \_\_\_\_\_
3. What is your date of birth? \_\_\_\_\_
4. What is your home address? \_\_\_\_\_
5. What is your telephone number? \_\_\_\_\_
6. Did the animal bite/scratch occur in Mecklenburg County?   Yes      No
7. If the bite/scratch did not occur in Mecklenburg County, where did it occur?
- City \_\_\_\_\_                      County \_\_\_\_\_                      State \_\_\_\_\_
8. Description of the biter animal :   DOG                      CAT                      OTHER \_\_\_\_\_  
                    Breed \_\_\_\_\_                      Color \_\_\_\_\_                      Gender \_\_\_\_\_
9. Name of the animal owner \_\_\_\_\_
10. Address of the animal owner \_\_\_\_\_
11. Phone number of the animal owner \_\_\_\_\_
12. Is the animal owner aware of this incident?   YES                      NO
13. What part of the body were you bitten or scratched? Please be specific (right or left side)  
\_\_\_\_\_
14. Briefly describe the events that led up to the bite or scratch  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE PROVIDER MUST FAX THIS FORM TO THE CMPD ANIMAL CARE & CONTROL DIVISION AT 704-336-5709 WITHIN 24 HOURS**